

State: Georgia

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
IV-A	1902(a)(10)(E)(i) and 1905(p) of the Act	25. Qualified Medicare beneficiaries--  a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);  b. Whose income does not exceed 100 percent of the Federal poverty level; and  c. Whose resources do not exceed twice the maximum standard under SSI.  (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)
IV-A	1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act	26. Qualified disabled and working individuals--  a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;  b. Whose income does not exceed 200 percent of the Federal poverty level; and  c. Whose resources do not exceed twice the maximum standard under SSI.  d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.  (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

\*Agency that determines eligibility for coverage.

TN No. 93-010

Supersedes  
TN No. 91-31

Approval Date

MAY 7 1993

Effective Date

JAN 1 1993

State: Georgia

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determines eligibility for coverage.

TN No. 93-010

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TN No. New

Approval Date MAY 7 1993

Effective Date JAN 1 1993

State: GEORGIA

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.
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☒ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

☐ Aged  
☐ Blind  
☐ Disabled  
☐ Caretaker relatives  
☐ Pregnant women

IV-A	42 CFR 435.211	<input checked="" type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
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\*Agency that determines eligibility for coverage.

TN No. <u>91-31</u>	Approval Date <u>12-18-91</u>	Effective Date <u>10-1-91</u>
Supersedes		
TN No. <u>NEW</u>		HCFA ID: 7983E

State/Territory: GEORGIA

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (Section 9517) P.L. 101-508 (Section 4732)		<p>___ 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in Section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under Section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in Section 1905(a)(4)(C).</p> <p><u>X</u> The State elects not to guarantee eligibility.</p> <p>___ The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).</p> <p>The State measures the minimum enrollment period from:</p> <p>___ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.</p> <p>___ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.</p> <p>___ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)</p>

\*Agency that determines eligibility for coverage.

TN No. <u>44-027</u>	Approval Date <u>8-24-94</u>	Effective Date <u>7-01-94</u>
Supersedes		
TN No. <u>9209</u>		HCFA ID: 7093E

State/Territory: GEORGIA

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)

1903(m)(2)(F) of the  
Act, P.L. 98-369  
(Section 2364), P.L.  
99-272 (Section 9517),  
P.L. 101-508 (Section  
4732)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under Section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

X Disenrollment rights are restricted for a period of 6 months (not to exceed 6 months).

During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

     No restrictions upon disenrollment rights.

1903(m)(2)(H),  
1902(a)(52) of the  
Act.  
P.L. 101-508  
(Section 4732)

In the case of individuals who have become ineligible for Medicaid for the brief period described in Section 1903(m)(2)(H) and who were enrolled with an entity having a contract under Section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

X The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

     The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

\*Agency that determines eligibility for coverage.

TN No. 94-027  
Supersedes  
TN No. 93-09

Approval Date 8/24/94 Effectiveness Date 7-01-94

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AUGUST 1991

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GEORGIA

State: \_\_\_\_\_

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

IV-A 1902(a)(10)  
XVI (A)(ii)(VII)  
of the Act

- ☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☒ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

- \_\_\_ Aged
- \_\_\_ Blind
- \_\_\_ Disabled
- \_\_\_ Individuals under the age of--
  - \_\_\_ 21
  - \_\_\_ 20
  - \_\_\_ 19
  - \_\_\_ 18
- \_\_\_ Caretaker relatives
- \_\_\_ Pregnant women

\*Agency that determines eligibility for coverage.

TN No. 91-31      Approval Date 12-18-91      Effective Date 10-1-91  
Supersedes  
TN No. NEW      HCFA ID: 7983E

STATE: Georgia

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.220	___	6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.  ___ The State covers all individuals as described above.
1902(a)(10)(A)(ii) and 1905(a) of the Act	___	The State covers only the following group or groups of individuals: ___ Individuals under the age of --- ___ 21 ___ 20 ___ 19 ___ 18 ___ Caretaker relatives ___ Pregnant women
IV-A 42 CFR 435.222 1902(a)(10)(A)(ii) and 1905(a)(i) of the Act	7. <u>X</u>	a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21, as indicated below. ___ 20 ___ 19 <u>X</u> 18

TN No. 93-009

Supersedes

TN No. 92-02Approval Date MAR 24 1993Effective Date JAN 1 1993

State: GEORGIA

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- 42 CFR 435.222      X b. Reasonable classifications of individuals described in (a) above, as follows:
- X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
- X (a) In foster homes (and are under the age of 21).
- X (b) In private institutions (and are under the age of 21).
- \_\_\_ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_).
- X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).
- \_\_\_ (3) Individuals in NFs (who are under the age of \_\_\_\_). NF services are provided under this plan.
- \_\_\_ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_).

\*Agency that determines eligibility for coverage.

TN No. <u>94-002</u>	Approval Date <u>3-11-94</u>	Effective Date <u>1-1-94</u>
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TN No. <u>93-023</u>		



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State: GEORGIA

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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State: GEORGIA

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

X 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<u>X</u>	21
<u>    </u>	20
<u>    </u>	19
<u>    </u>	18

\*Agency that determines eligibility for coverage.

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TN No. <u>94-002</u>	Approval Date <u>3-11-94</u>	Effective Date <u>1-1-94</u>
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